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DATE: 07/14/22

NAME: P PHILIPPS SERVICES, LLC

TYPE OF FILING: AMENDMENT

COST: 30.00

RETURN: PLAIN COPY and Good Standing Heave!

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

, TO: Registration Section

Division of Cor	porations				
D DI	nifinne Sanvicae II C				
SUBJECT:	niiipps Services, LLC	ited Liability Company			
•	Name of Emi	ned maonity Company			
The onclosed Actions of	Amendment and fee(s) are sub	mitted for filing			
The cherosed Afficies of	Amendment and reets) are sur	initied for fitting.			
Please return all correspo	ndence concerning this matter	to the following:			
	D. A	. Elemen			
	Huay				
Name of Person					
	Rudy Phillips Name of Person P Phillipps Services, LLC Firm/Company 2344 Crescent Moon St Address Kissimmee, FL 34746 City/State and Zip Code pphillippsservices@gmail.com F-mail address: (to be used for future annual report notification)				
. ' 					
		· · · · · · · · · · · · · · · · · · ·			
Address					
	Kissin	nmee, FL 34746			
	nohilinnss	services@amail.com			
			tification)		
For further information c	oncerning this matter, please ca	MI:			
D 1 D130		407 500.0	000		
Rudy Phillips	C11	at (<u>407</u>) <u>508-8</u> Area Code Daytin	ne Telephone Number		
Name o	f Person	Area Code Dayui	ne refeprone Number		
Enclosed is a check for th	ne following amount:				
	_				
☼ \$25.00 Filing Fee		☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee, Certificate of Status &		
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certified Copy		
		(022	(additional copy is enclosed)		
\$4		Channel Addunger			
Mailing Address: Registration Section		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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2022-JUL 14 AM 9: 26

P Philipp	s Services, LLC	SECRETAR	Y 07 STAIL
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appear ited Liability Company)	s on our record with	oll, Time
The Articles of Organization for this Limited Liability Comp. Florida document numberL18000108466	oany were filed on	04/30/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited I	Liability Company." the do	esignation "LLC" or the al	observation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:	PO Box 451	842	
(Mailing address MAY BE A POST OFFICE BOX)	Kissimmee,	FL 34745	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our re	ecords, enter the nan	ne of the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida street address	
	City	Florida	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Marlon Henderson	2344 Crescent Moon St	(※ Add
		Kissimmee, FL 34746	[]Remove
			(]Change
			[]Add
			[]Remove
			ElChange
			EAdd
			□Remove
		***	Change
			CJAdd
			□Remove
			[]Change
			🗆 🗅 Add
			[]Remove
			(Change
			□Add
			□Remove
			[T]Change

). If amendi	ng any other informatio	n, enter change(s) here:	(Attach additional she	ets, if necessary.)	
	•				· · · · · · · · · · · · · · · · · · ·
					 -
					
					
					
Note: If the	date, if other than the date date is listed, the date must be ne date inserted in this blocks effective date on the Department	ate of filing: e specific and cannot be prior to c does not meet the applicab artment of State's records.	date of filing or more than ole statutory filing require	(optional) 20 days after filing.) Pursuant ements, this date will not	t to 605.0207 (3)(1 be listed as the
the record specord is filed.	ecifies a delayed effective d	ate, but not an effective tim	e, at 12:01 a.m. on the ea	orlier of: (b) The 90th da	iy after the
Dated	July 13	. 2022			
	Siį	gnature of a member or authori	zet representative of a mer	nber	
		Rudv	Phillips		
		Typed or printed		*	

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